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Current Trends in Child Abuse Reporting and Fatalities:

The Results of the 1990 Annual Fifty State Survey

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OVERVIEW

Concern for the well-being of children is an integral part of the American political process. Despite a heavy emphasis on family privacy and the rights of parents to rear their children without excessive governmental intervention, state agencies have acted historically to protect children at risk of abuse or neglect. [1] The capacity of local child welfare agencies to afford children adequate protection, however, has recently come into question. [2] High unemployment rates, economic distress in several major industries, increased levels of violence in major U.S. cities and a growing substance abuse problem suggest increased numbers of children at risk. Unfortunately, federal and state funding for child welfare services has not kept pace with this growing demand. In 1982, for example, federal funding for child protective services was reduced by $6 million while monies for other family support services were trimmed. [3]

In an attempt to better determine the volume of child abuse reports and the availability of resources, the National Committee for Prevention of Child Abuse (NCPCA) initiated an annual national telephone survey of child protective service (CPS) agencies in 1982. [4] The initial surveys focused exclusively on increases in the number of reports and the effects of budget cutbacks. Beginning in 1986, NCPCA developed a more standardized instrument which focused on the number and characteristics of child abuse reports, the number of child abuse fatalities and changes in the funding and scope of child welfare services. This instrument, which has been utilized for the past

five years, provides more reliable estimates of the number of reports and fatalities across time and across states.

This report summarizes the findings from the most recent survey. These data represent the only available estimate of the number of child abuse reports and fatalities nationwide. Although the federal government had funded an annual analysis of state child abuse reporting data since 1976, this funding was terminated in 1987. [5] Since that time, the federal government has supported a comprehensive planning process to design a standard national child abuse reporting system which would collect aggregate data from each state on a voluntary basis. This system, however, is not yet operational. [6]

SURVEY QUESTIONS

In January, 1991, NCPCA's National Center on Child Abuse Prevention Research sent a letter to the federal liaisons for child abuse and neglect in each state and the District of Columbia requesting their support for this annual survey. A brief questionnaire accompanied the letter outlining the specific areas of interest. The questionnaire requested the following information:

- the actual number of child maltreatment reports filed during 1988, 1989 and 1990;
- the factors accounting for any observed changes in reporting levels during the past three years;
- the percentage of reports substantiated in 1990 or the last year for which substantiation rates were available;
- the percentage breakdown of reports by type of maltreatment (e.g. physical abuse, neglect, sexual abuse, and emotional maltreatment);

- other characteristics of the reported population such as the percentage of cases involving children in non-familial settings;
- the number of child abuse fatalities reported for 1988, 1989 and 1990;
- the effect of substance abuse on caseloads and the availability of programs designed to respond to this problem; and
- funding levels, staff size, entry level salaries and caseload size for child welfare services.

The federal liaisons were contacted by telephone to obtain the above information. While more complete data were obtained from more states than in prior years, not all states were able to address all issues. Of those interviewed, 46 respondents knew or were able to project their child abuse reporting statistics for 1990 and 39 states had 1990 statistics with respect to child abuse fatalities. All state liaisons responded to general questions on their state's reporting procedures and child welfare practices.

SPECIFIC FINDINGS

Reporting Rates

Table 1 presents the annual percentage change in state child maltreatment reports between 1985 and 1990. Nationwide, child abuse reports increased 31% during this period. For the latest period (1989-1990), an estimated 2,508,000 children were reported to CPS agencies as victims of child maltreatment or about 39 out of every 1000 U.S. children. This figure is based on information collected from 45 states which indicated that each state averaged a 4% increase in reports between 1989 and 1990. [7] While the 89-90 increase is smaller than the 7.5% jump in reports between

1988 and 1989, the numbers indicate a steady growth in child abuse reports throughout the second half of the 1980s, with annual increases averaging around 5% since 1985. This growth rate, while representing a sizable expansion in the number of reports, is less than half the rate of growth reported in the first half of the decade. Between 1980 and 1985, reports rose an average of 11.4%. [8]

One reason for this year's lower average increase is that five states had no change in the number of reports in 1990 as compared to three states in 1989. In addition, New Mexico and North Carolina which experienced the largest increases in 1989 (49% and 37% respectively), showed less dramatic growth in 1990 (17% and 15%). Finally, declines in the number of reports were slightly more pronounced in 1990, with eleven states showing decreases in contrast to eight states in 1989.

Factors Accounting for Reporting Changes

Variations in the number of reports a state received over the past three years were not associated with the number of children in a state, the structure of the state's reporting system nor changes in CPS funding levels. While these factors might have played a key role in the changes experienced by an individual state, they were not, in and of themselves, a consistent reason across states for large declines or increases in the number of child abuse reports.

In explaining the reasons for changes in their particular state, the liaisons offered a variety of explanations. Virginia, which showed the deepest decline (-18%), noted that much of this

Table 1

CHILD ABUSE AND NEGLECT REPORTS
ANNUAL PERCENTAGE CHANGE

State	85-86	86-87	87-88	88-89	89-90
Alabama	-5	4	7	16	NA
Alaska	16	NA	-3	-5	0
Arizona	12	1	12	22	6
Arkansas	13	1	NA	0	-1
California	16	7	29	13	4E
Colorado	-6	11	24	-4	-2E
Connecticut	2	9	NP	-1	-2
Delaware	-2	NA	0	-6	0
District of Columbia	21	6	0	20	NA
Florida	-2	0	6	19	12
Georgia	17	26	-8	26	0
Hawaii	10	-2	-18	-7	-14E
Idaho	5	0	1	1	2
Illinois	1	30	3	9	1
Indiana	3	-16	5	29	27
Iowa	3	0	4	4	5
Kansas	-9	25	-12	-4	0
Kentucky	13	8	5	2	7
Louisiana	22	-14	0	1	-1
Maine	-4	-14	NP	-8	-1E
Maryland	24	5	8	5	2
Massachusetts	5	1	17	15	17
Michigan	15	-2	-3	2	4
Minnesota	12	11	1E	2E	4E
Mississippi	23	18	9	0	8
Missouri	5	1	-8	7	2
Montana	10	6	-1	4	11
Nebraska	-1	-3	-2	-2	0E
Nevada	10	3	31	12	NA
New Hampshire	4	9	5	13	9
New Jersey	7	0	13	3	-7
New Mexico	-5	-2	9	49	17
New York	14	10	17	7	6

State	85-86	86-87	87-88	88-89	89-90
North Carolina	7	19	NP	31	15
North Dakota	NA	NA	NA	3	10E
Ohio	4	1E	6E	1E	20E
Oklahoma	9	4	1	0	9
Oregon	8	3	6	15	-5
Pennsylvania	-1	-2	9	6	NA
Rhode Island	3	-2	11	16	14
South Carolina	12	-2	-1	5	7
South Dakota	12	6	3	2	1
Tennessee	3	NA	NA	6	1
Texas	8	-4	NP	13	13
Utah	9	-1	-1	12	2
Vermont	1	-9	7	9	-8E
Virginia	-4	0	5	5	-18
Washington	7	-8	NP	2	17E
West Virginia	5	1	3	1	-7
Wisconsin	11	2	6	11	NA
Wyoming	59	12	3	2	*
Average Percentage Change	+8%	+3%	4%	7.5%	4%

Total Number of Reported Child Victims	1985	1986	1987	1988	1989	1990
	1,919,000	2,086,000	2,157,000	2,243,000	2,411,000	2,508,000

E Estimate

NA Not Available

NP In these cases, the figures for 83-89 and 89-90 represent change in the number of reported child victims. Changes for previous years represent change in reported families or reported incidents. The change for 1987-1988 cannot be calculated due to the change in the base unit.

* Wyoming switched from a calendar year to a fiscal year midway through 1990 so this change cannot be calculated.

drop may be due to the implementation of a new computer system which has eliminated duplicate reports (i.e. two or more reports in a given year involving the same child). In fact, most states where reports decreased indicated that either expanded screening of reports or changes in computerized reporting systems explained more of the change than an actual decrease in maltreatment. However, the West Virginia liaison attributed that state's decline in reports to fewer child residents. Hawaii, which has demonstrated a steady decline in reports for the past four years, was the only state to credit prevention efforts as causing reduced reports of maltreatment. Interestingly, Hawaii is the only state in the country to offer comprehensive services to a significant percentage of all new parents. [9]

With respect to notable increases in the number of reports, the majority of state liaisons attributed this trend to a combination of a real increase in the incidence of maltreatment and more accurate reporting. One in three respondents indicated that expanded reporting was at least partially explained by increased public awareness. However, 55% of the liaisons whose states experienced an increase asserted that substance abuse was one of the primary causes for a real increase in the incidence of maltreatment and a corresponding increase in reports. Economic stress, poverty and unemployment were cited by 35% of the respondents as principal contributing factors to elevated levels of maltreatment.

The multiple causes for increased reports is reflected in the experiences of the three states with the largest increases.

Indiana officials, where reports rose 27%, stated that the mixture of an improved reporting system and greater public awareness efforts in schools on sexual abuse contributed to the escalation in reports. The New Mexico liaison attributed her state's 17% growth in reports to larger numbers of people living in poverty as well as the effects of substance abuse. Massachusetts officials cited expanded substance abuse, professional education and general public awareness as key factors in their state's 17% increase in reports last year.

Substantiation Rates

The debate over how to estimate the national substantiation rate is almost as intense as the debate over how to interpret this statistic. In 1986, one national study which obtained information from 40 states and a U.S. territory estimated a substantiation rate of 40-42%. [10] During that same year, a federally-funded national incidence study analyzed data from designated reporters in a random sample of 29 counties and determined that the national rate hovered at 53%. [11] The disparate findings may stem from several factors such as the definition of "substantiation," the inclusion of duplicate reports and the specific denominator utilized by each state. [12]

Unfortunately, a standardized method for recording this statistic does not exist across the nation. This survey asked each state liaison to provide the substantiation rate computed for his or her state. No attempt was made to standardize these figures. In some cases, states compute this statistic based upon all reports while others compute the statistic after first

discounting inappropriate or incomplete reports. Consequently, care should be taken in interpreting the meaning of this statistic within or across states.

As of 1990, six states were not able to provide this statistic for any previous year. Thirty-five states gave 1990 figures which ranged from 15% to 63%. Nine states presented 1989 rates which varied between 34% to 52%. Using the latest rate available for each state, the 44 states had an average substantiation rate of 39% which resembles the rate found by the American Public Welfare Association using comparable methodology.[13] For those six states which provided both 1989 and 1990 figures, the average substantiation rate showed little change from 43% in 1989 to 42% in 1990.

All of these figures must be viewed with caution. The states able to provide both 1989 and 1990 statistics may not be representative of the experiences of all states. Further, anomalies unique to a single state take on greater meaning when samples are limited. As discussed above, the states reported the use of a wide variety of screening methods in determining when a report would be fully investigated and when a report would be substantiated. For example, ten states count all reports when calculating their substantiation rate, including cases which are never investigated due to lack of information, inappropriateness or inability to locate the victim. In contrast, 40 states only consider reports which are fully investigated for purposes of calculating their substantiation rate.

With respect to the use of risk assessment or screening techniques, wide variation existed across states. States with the most substantial amount of screening (i.e. over 60%) generally are states in which the reports are taken through a broad, child abuse hot line. In these cases, a sizable number of the calls received are information requests regarding what constitutes maltreatment or parents seeking assistance to avoid maltreatment. Interestingly, those states who screen out the largest number of reports prior to investigation are not the states with the highest substantiation rate. Indeed, there is no statistically significant relationship between the extent of pre-investigation screening and the substantiation rate. In addition, there is no consistent relationship between the scope of a state's child abuse reporting laws and the number of reports that are substantiated. States with some of the most restrictive reporting laws (e.g. a report is accepted only if there is physical evidence of mistreatment) report average or below average substantiation figures. Collectively, these patterns suggest that substantiation rates, like changes in the number of reports, tend to be determined by conditions unique to each state.

Aside from questions concerning how to estimate the rate, debate also centers on what "substantiation" means. Some take the inverse of this rate and conclude that this is the "unfounded" rate or the percentage of cases where no maltreatment occurred. [14] While some number of reports are indeed inappropriate, research suggests that a growing proportion of the

unsubstantiated cases involve maltreatment or potential maltreatment. For example, the 1986 National Incidence Study noted that 9% of the cases determined to be unfounded by child protective service workers did indeed involve mistreatment that resulted in physical harm to the child. This figure represents a significant increase over a similar study conducted in 1980 in which only 3% of the unfounded cases were found to constitute maltreatment. [15] Further, several states, like Missouri, have clarified the status of these cases by dividing them into two groups: unconfirmed and reason to suspect. Cases identified as "reason to suspect" include instances where maltreatment is strongly suspected but cannot be "proven" for various reasons.

A more critical question concerns what happens to the child or family after a case has been substantiated. One study found that CPS social workers did not provide any service in almost 60% of the agency's confirmed cases [16] while a recent review of New York cases found that almost 56% of all indicated cases are closed the same day they are officially substantiated. [17] In the current survey, only 26 states could provide an estimate as to the percentage of substantiated cases which received CPS services. Figures ranged from 19% to 100% with an average of 78% of these cases receiving some type of service. Further, some states, such as Maryland and Minnesota, noted that they also provide services to at-risk families. These service levels, while encouraging, primarily involve case management and foster care. Therapeutic services, particularly for the victims of maltreatment, are far more limited.

Case Characteristics

To provide appropriate prevention and treatment services, it is necessary to determine the prevalence of different types of maltreatment as well as other characteristics of the CPS caseload. In 1986, the American Association for the Protection of Children (APPC) reported that approximately 26% of all reports involved charges of physical abuse, 16% involved charges of sexual abuse, 55% involved charges of child neglect, 8% involved charges of emotional maltreatment and 8% involved other or unspecified forms of maltreatment. [18] To determine whether these percentages had changed over time, each state liaison was asked to provide a percentage breakdown by type of maltreatment for reported or substantiated cases in 1988, 1989 and 1990. Thirty-six states responded with the results indicating that these percentages have remained fairly constant across states and across time.

Table 2 summarizes the 1990 percentage breakdowns by type of maltreatment for the 22 states who utilize a comparable classification system. As this table indicates, the 1990 distribution of cases closely parallel the findings reported earlier by AAPC with the exception of neglect: 27% physical abuse, 15% sexual abuse, 46% neglect, 9% emotional maltreatment and 4% other. The variation in these statistics is partially explained by the fact that the AAPC study counted all allegations per child while most states report only the primary allegation presented in each case. Such a system may tend to undercount the true incidence of neglect in that this form of maltreatment

Table 2

Type of Maltreatment[a]

Data from those states with comparable classification systems for the four major types of maltreatment[b]	Physical Abuse	Sexual Abuse	Neglect	Emotional Maltreatment	Other[c]
	%	%	%	%	%
Average percentage breakdown for all cases (n=22 states)	27	15	46	9	4
Breakdown for reported cases only (n=11 states)	28	15	45	9	3
Breakdown for substantiated cases only (n=11 states)	25	14	47	9	5

a Total percentages may add to more than 100 due to rounding.
b Excludes Arizona which classified 50% of reports as other.
c In many cases, "other" includes abandonment and dependency.

frequently occurs in conjunction with other types of abuse deemed more serious by the investigators.

The distribution of cases across maltreatment types is fairly similar whether one is considering all reports or only those cases that are substantiated. Small discrepancies exist for both physical abuse and neglect, with the substantiated cases including a slightly lower percentage of physical abuse cases and a slightly higher percentage of neglect cases. This finding suggests that investigated reports of physical abuse are less likely to be substantiated than reports of child neglect. The reason for this pattern is unclear. On the one hand it might reflect a tendency for individuals to be more aggressive in reporting any suspected physical abuse, with a report of neglect demanding greater proof of consistent wrong doing on the part of the parent. On the other hand, child protective services may be less likely to screen out reports of physical abuse prior to investigation than they are reports of neglect, investigating only those neglect charges with a high likelihood for confirmation.

Due to highly publicized cases such as the McMartin Preschool trial, the public and media appear to believe that abuse is common place in day care, foster homes and out-of-home settings. However, such heightened public awareness of the possibility of abuse in these settings seems out of line with reality. According to the 26 states that keep this statistic, about 5% of all reported cases of child maltreatment were classified as non-familial abuse in 1990. While some percentage

of such cases are handled outside the protective service system, increasing efforts are being made to coordinate criminal and CPS investigations in cases in which the perpetrator is a non-family member. Reports of abuse in day care and foster care each represented less than 1% of all reports based on an average figure from 24 states. [19]

Stress on the family can often lead to maltreatment. To assess whether specific stresses are shared by families on CPS caseloads across the country, respondents were asked to describe the major problems presented by their caseloads. Both poverty and substance abuse were cited by 23% of respondents as the primary presenting problems. Many states linked poverty with homelessness. As one Oregon official noted, child welfare agencies cannot tackle the problem of child abuse when underlying social problems such as homelessness and lack of jobs go unaddressed.

Eleven states indicated that families with a history of substance abuse are extremely difficult to serve. While cocaine has received the lion's share of attention in recent years, the majority of the respondents emphasized that alcohol was as much of a problem. In fact Michigan, New York, Idaho and South Dakota respondents stated that alcohol abuse represented a greater problem than drug abuse. Further, increased drug and alcohol abuse have resulted in caseloads with a greater proportion of violent, dysfunctional families.

Some state caseloads present unique problems. In Alaska, for example, service delivery to rural communities is a challenge

as most must be accessed by air travel. A few respondents noted that divorce and custody disputes are consuming larger amounts of staff time. Hawaii and Washington liaisons indicated that a culturally diverse population presents problems for service delivery. Finally, the North Carolina liaison expressed concern over the effects of the Persian Gulf war due to the large military presence in that state.

Child Maltreatment Fatalities

In past years, an increase in maltreatment reports has been accompanied by greater numbers of child deaths due to maltreatment. Table 3 indicates that this trend is continuing. In 1990, an estimated 1211 children died from abuse or neglect, representing an one percent increase over 1989. The 1990 statistic is a projected number based on data from 39 states comprising 77% of the U.S. child population. [20] If data were available from all 50 states and the District of Columbia for all six years, the actual rate of change and total scope of the problem could vary somewhat from these projections. [21]

The one percent rise in reports is in stark contrast to 1986 when maltreatment fatalities jumped by 22%. Since 1985, reported fatalities have increased by 38% nationwide. The current estimates suggest that over three children die from abuse or neglect each day. Perhaps even more alarming is the ages of the victims. Information from 30 states show that 89% of the children are less than five years old at the time of their death with 53% under the age of one. These numbers correspond with other studies and emphasize that young, maltreated children are

Table 3

REPORTED CHILD ABUSE AND NEGLECT RELATED FATALITIES[a]

State	1985	1986	1987	1988	1989	1990
Alabama	NA	NA	NA	NA	NA	NA
Alaska	NA	6	NA	NA	14	14
Arizona	NA	NA	NA	13	14	14
Arkansas	9	6	5	10	14	7
California	18	27	83	120	97	76
Colorado	12	18	18	26	23	25
Connecticut	6	9	NA	6	17	NA
Delaware	2	1	NA	1	7E	7E
District of Columbia	NA	2	5	9	NA	NA
Florida	NA	NA	39	48	47	42E
Georgia	NA	NA	NA	4	5	12E
Hawaii	1	1	2	2	7	2
Idaho	5	3	6	3	6	4
Illinois	53	79	54	98	102	74
Indiana	29	38	17	27	29	52
Iowa	14	9	9	13	10	6
Kansas	9	12	12	7	6	9
Kentucky	10	8	16	15	9	19
Lousiana	50	57	30	31	20	22
Maine	0	1	3	1	1	1E
Maryland	8	17	23	20	29	14E
Massachusetts	13	15	13	25	23	14
Michigan	11	15	NA	NA	NA	NA
Minnesota	6	10	7	9	13	NA
Mississippi	NA	7	14	10	14	12
Missouri	25	18	19	28	19	25
Montana	2	3	7	2	4	7
Nebraska	2	2	2	5	1	2
Nevada	6	4	7	5	0	NA
New Hampshire	NA	NA	NA	NA	NA	NA
New Jersey	21	12	26	34	30	34E
New Mexico	10	7	11	8	13	8
New York	117	181	166	198	191	193
North Carolina	4	3	6	6	7	10

State	1985	1986	1987	1988	1989	1990
North Dakota	0	0	1	0	1	0
Ohio	37	50	75	NA	40E	NA
Oklahoma	16	24	31	23	25	18
Oregon	8	18	24	17	19	13E
Pennsylvania	34	44	44	40	55	NA
Rhode Island	5	4	4	0	1	NA
South Carolina	21	25	13	11	14	24E
South Dakota	4	2	10	2	1	2
Tennessee	NA	NA	NA	NA	NA	NA
Texas	113	129	97	77	94	112
Utah	8	3	4	5	12	10E
Vermont	1	1	2	0	0	0
Virginia	14	14	27	25	34	28
Washington	27	37	24	21	8	NA
West Virginia	NA	NA	NA	NA	3	1
Wisconsin	15	9	18	11	23	22E
Wyoming	3	3	0	5	3	3
Total Projected Fatalities Nationwide	878	1075	1142	1181	1203	1211
% Change from previous year		22.4%	6.2%	3.4%	2%	1%

a. These figures represent the total number of child fatalities reported to or confirmed by each state's child protective service agency. Unlike previous surveys, these numbers only include confirmed cases from states which count both reported and confirmed fatalities. 1985, 1986 and 1987 statistics are derived from earlier surveys conducted between 1985 and 1988.

NA Not Available

E Estimate. These numbers are reported as estimates because some child deaths are still under investigation.

at great risk for loss of life. [22] According to the above information, children under five are twenty times more likely to die from maltreatment than children ages 5 to 17. Twenty-five states also provided data on the type of maltreatment which caused the death. Approximately 41% of the children died from neglect while 59% died from abuse.

Unfortunately, these figures undercount the actual incidence of maltreatment fatalities. Research has consistently found that some percentage of accidental deaths, child homicides, and Sudden Infant Death Syndrome (SIDS) cases might be more appropriately labeled a child maltreatment death if comprehensive investigations were routinely conducted. [23] In California, for example, the Auditor General conducted an audit of the reporting practices of eight law enforcement agencies between January 1, 1985 and December 31, 1987. The study concluded that 93% of suspected fatalities due to child maltreatment were not reported to the state's child maltreatment registry. [24] While all law enforcement agencies and child welfare agencies have received bulletins and a revised reporting guide to redress this shortcoming, this study calls into question the accuracy of fatality figures from California as well as the general reporting practices of other states' law enforcement agencies when investigating child homicides.

Whether a state has a death review committee and that committee's function also influences the ability of CPS to provide an accurate count of fatalities. This survey revealed that half of the states have death review committees. To date,

nine states have comprehensive committees in place which investigate a wide range of child deaths. [25] The most rigorous death review committees are in place in Colorado, which investigated 669 child deaths in 1990 and Maryland, which reviewed about 240. The remaining 16 states with death review committees have guidelines which allow for some number of child deaths to escape detection. In general, this third group of states only investigates the deaths of children with previous or current CPS involvement or deaths which are reported to CPS agencies as due to abuse or neglect. Michigan's death review committee only looks at patterns in child deaths to help guide state policy. It does not investigate specific maltreatment deaths. Finally, 24 states do not have a state death review committee though four of these (Connecticut, Kentucky, Missouri and New York) have internal, departmental committees which review some deaths.

Interestingly, the existence or scope of a state's death review committee was not correlated with changes in the reported number of child abuse fatalities. In many respects this pattern is not surprising. The majority of these committees are established to investigate identified maltreatment fatalities for purposes of informing policy. Identifying those cases which the system has failed to count is, if anything, a secondary objective. [26]

Substance Abuse

As noted earlier, many states report that substance abuse has driven up reporting levels as well as impeded the ability of

CPS workers to serve their clients. To ascertain the impact of substance abuse on caseloads, we asked states for the number of substantiated families also presenting with substance abuse problems. Only fourteen states (30%) routinely collect information on substance abuse which prevents an accurate estimate of the problem. Rates in these states ranged from 5 to 78% of confirmed cases involving substance abuse with the average being 40%.

Another indicator of increased substance abuse is the growing number of infants born exposed to illegal substances taken by their mother during pregnancy. Estimates on the scope of this problem vary substantially. [27] In 1990, 18 states reported a total of 15,732 drug-exposed infants. [28] The largest number of cases were reported in Illinois (2,400 reports) and Florida (4,641 reports), states which have adopted an aggressive plan for identifying and responding to drug exposed infants. States with less comprehensive identification systems report few of these cases. In an attempt to obtain a more accurate estimate of the problem, at least one state (Georgia) plans to anonymously test all newborns for a one year period beginning this summer.

Responses to this aspect of the drug problem have varied across states. Nineteen states now require that medical personnel and others report drug-exposed infants to CPS. Such policies, however, are not without their critics. According to T. Berry Brazelton, one hospital in Massachusetts typically found that 16% of newborns were drug-exposed. After legislation was

implemented requiring that these infants be reported, no infants tested positive for drug exposure for six weeks. Dr. Brazelton fears that drug-using pregnant women are no longer giving birth in hospitals thereby increasing the risk to the child for permanent damage or death. [29] This example highlights the needs to carefully monitor both the intended and unintended consequences of increased surveillance and reporting procedures.

In terms of services for drug exposed infants and their parents, 28 states report that they have established a policy or program to address this issue. Most of these states, however, describe very limited interventions such as creating procedures for identifying and investigating the infants. A few states have started innovative programs. For example, the California Children's Trust Fund has allocated $2.4 million to develop seven, four-year programs for pregnant and post-partum substance abusers. Alabama has developed specialized foster care homes to take care of the infants. Kansas provides crisis nurseries along with counseling and limited medical care for the mothers. In Rhode Island, if an infant is indicated for drug-exposure and considered at imminent risk, CPS will petition the court for removal. In cases where the infant is indicated but not at imminent risk, they petition the court for custody in order to receive a legal mandate for working with the family. The parent is required to enter a drug counseling program which is paid for by the agency.

Despite the outcry over substance abuse and its effects on the unborn child, only two states declared that treatment

services are readily available for substance-abusing pregnant women. In Florida, $8.3 million has been allocated for this population. Pregnant women now are placed at the top of the waiting list for substance abuse treatment programs. Washington also has allocated substantial funds to provide access to treatment at both the county and local levels. In contrast, 34 states described such services as limited while five states said that treatment services for pregnant women are non-existent. Maryland, for example, conducted a state survey indicating that 7,212 women used drugs during their pregnancy. However, the state has four treatment programs and only 40 beds for pregnant, substance abusers. These findings show that efforts to secure treatment for substance abusing pregnant women have been unsuccessful due to the lack of treatment programs overall as well as the reluctance of programs to accept these women. Of the available programs, few have residential facilities and those that do maintain long waiting lists and high costs. The situation is grave. Without substance abuse treatment for addicted pregnant and parenting women, attempts to prevent or alter any abusive or neglectful behaviors toward their child are likely to fail. [30]

Child Welfare Services

All states provided funding information. In 1990, 21 states (41%) received a real increase in their child welfare budgets, one state (2%) faced cuts while 28 (56%) reported no real change in funding. In general, increases were utilized to hire more staff. Kentucky, Missouri and New Mexico provided more family

preservation services to prevent foster care placements. Alabama expanded homemaker services to 31 counties while Indiana added 66 positions to its CPS staff. Massachusetts received the same amount of state funding but increased federal dollars permitted the hiring of more social workers. While such increases help an overburdened system, six of these states expect reductions in funding in the next year. Rhode Island, Massachusetts and Texas all face state fiscal crises which probably will result in major cuts in child welfare services. Missouri already has a temporary freeze on hiring of case workers while Oklahoma anticipates reductions due to agency restructuring. Finally, Oregon expects major funding decreases between 1991 and 1993.

Mississippi was the only state to experience a decrease in funding between 1989 and 1990. This resulted in the loss of a homemaker program utilized in CPS cases. Though the budget for social services was reduced in West Virginia, CPS staff and contracted services were not affected.

The majority of states either received level funding or a cost of living increase which prohibited staff or service enhancements. Two out of every three respondents indicated that funding issues such as inadequate staff levels, high caseloads, or a state fiscal crisis represent the biggest problem facing their agency. In contrast, Iowa cited illicit drug usage and the lack of adequate drug treatment resources as its primary agency problem. Both Kansas and Louisiana stated that high expectations by the outside community as to the agency's ability to address most social problems has generated difficulties. In Utah and

Mississippi, lack of staff training was pinpointed as the number one issue. The North Dakota liaison was the only respondent who indicating that no large problem currently faces the child welfare agency.

Many states indicated that finding and retaining competent CPS staff is a major burden. Typically, low entry salaries discourage potential employees from seeking a position as a case worker. Even if states can pay salaries which attract staff, excessive caseloads result in great stress and high staff turnover ratios. Information from 46 states suggests that the average entry level social worker salary is about $21,000 a year. Wide variation in this figure exists across states primarily due to differences in the cost of living and in the job requirements. On balance, states where the cost of living is high and where only MSWs are hired as entry level social workers pay well above this average figure. For example, Hawaii and California pay just over $30,000 to entry social workers. In contrast, starting salaries in Kentucky, West Virginia, Virginia, Tennessee, Ohio, Pennsylvania and North Carolina range between $13,000 to $16,000.

Caseloads also varied from state to state, ranging from a low of 14 in Florida, New Mexico and Rhode Island to a high of 60 in Indiana despite this state's increase in CPS positions. Workers in Alabama, Illinois and Kansas all handle over 50 cases at a time. Most states carry around 30 cases per worker, much higher than standard of 20 cases per worker recommended by the Child Welfare League of America. [31] Such high caseloads prompt concerns over the ability of workers to conduct adequate

investigations, provide direct services or monitor treatment plans for the abusive family. Without a reduction in caseloads, children remain at risk for experiencing further maltreatment and the provision of prevention services by CPS agencies becomes an impossibility.

POLICY IMPLICATIONS

Successfully confronting the problem of child abuse and neglect remains a major social challenge. While prevention efforts and innovative child welfare policies have improved the capacity of many states and local communities to address the child maltreatment problem, the survey results highlight several shortcomings in the current child welfare service system.

- The findings underscore the need for a national reporting system which will identify the number of child abuse reports, the characteristics of the cases being investigated, the outcomes of all investigations and the range of services provided as a result of CPS intervention. The absence of such data continues to hamper clear assessments of the scope of the maltreatment problem and effective program planning.

- At present, child protective services are ill-prepared for the job of investigating and providing services to the number of cases being brought to their attention. The inability to predict those cases in which continued maltreatment will result in serious or potentially fatal harm requires a careful assessment of all reports and provision of all necessary services to both the parents and victims of maltreatment.

- Poverty, violence and substance abuse are among the primary factors fueling the continued growth in child abuse reports and fatalities. Protecting children will require more than merely enhancing child protective services. Creating safe environments, including adequate housing, nutrition and health care, is a prerequisite to achieving a notable downward trend in all forms of maltreatment.

- Prosecution alone is not an effective response to the combined problems of child abuse and substance abuse. More comprehensive service planning is needed.

> Specifically, substance abuse treatment programs need to shift from male-centered models to family-centered models serving all individuals affected by this problem. Further, expanded educational and support services to pregnant women and new parents are urgently needed to underscore the dangers of substance abuse on the health of infants and the limitations such abuse places on an individual's capacity to parent.

Efforts to enhance reporting and treatment systems should not be accomplished at the expense of prevention services. Both those actively involved in maltreatment and those merely at risk deserve equal attention and access to services. An expansion of child abuse hot lines, respite care centers, and crisis intervention services are essential if professionals and the general public are to have a broader pool of resources to draw upon in helping families at risk. In addition, educational and support services, particularly for parents with infants and young children, need to be readily available on an ongoing basis. Until such a comprehensive system is established and fully funded, increases in reports and fatalities are inevitable.

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2. Kamerman, S. and Kahn, A. (1990) "Social Services for Child, Youth and Families in the United States." Children and Youth Services Review, Vol. 12, 1/2.

3. National Committee for Prevention of Child Abuse (1985) The Size of the Child Abuse Problem. Chicago, IL: National Committee for Prevention of Child Abuse.

4. Thomas Birch, coordinator of the National Child Abuse Coalition, conducted a telephone survey of 12 states in the spring of 1982. NCPCA enlarged the survey to include all 50 states and the District of Columbia in the fall of 1982. Prior to 1986, this survey was conducted twice a year.

5. Between 1976 and 1987, detailed analyses of official state reporting data were conducted by the American Association for Protecting Children, a division of the American Humane Association. The federal government ceased funding this activity in 1987. Consequently, 1986 represents the last year for which detailed, uniform data is available.

6. The NCCAN contractor for this task is Bowers and Associates. Gary Bowers, president of the firm, has reported that data for 1990 will be collected from the states once the Office of Management and Budget (OMB) approves the draft data collection system. Bowers anticipates that aggregate data will be collected in June of this year with a final report being issued in August or September.

7. Several states updated their reporting rates for 1988 and 1989. This survey reflects these revisions. As a result, the annual percentage change and total estimated child reports for these years differ from the figures published in the 1989 annual fifty state survey. The more recent statistics have greater reliability.

8. American Association for Protecting Children (AAPC) (1988) Highlights of Official Child Neglect and Abuse Reporting - 1986. Denver, CO: American Humane Association.

9. The Healthy Start Project was initiated in July 1985 as a pilot project in Leeward Oahu. Since then it has expanded its services to cover the majority of Hawaii's communities. The program involves comprehensive screening and assessment of families of all newborns, with home visitor follow-up services for families identified as being at high risk for maltreatment. In addition, preventive health care and monitoring of the children is provided until they enter

kindergarten. The program is funded through the state's Department of Health, Mental Health Division.

10. AAPC, 1986, op. cit.

11. Westat Associates (1988) Study of the National Incidence and Prevalence of Child Abuse and Neglect. Washington, D.C.: U.S. Government Printing Office.

12. See American Public Welfare Association (1990), Children of Substance Abusing/Alcoholic Parents Referred to the Public Child Welfare System: Summaries of Key Statistical Data Obtained from States. Washington, D.C.: APWA; Douglas J. Besharov (1990), "Gaining Control over Child Abuse Reports," Public Welfare, Vol. 48, No. 2.

13. APWA, 1990, op. cit.

14. See Besharov, 1990, op. cit.

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16. Meddin, J. and Hansen, I. (1985) "The Services Provided During a Child Abuse and/or Neglect Case Investigation and the Barriers that Exist to Service Provision," Child Abuse and Neglect, Vol. 9, No. 2, 175-182.

17. Salovitz, B. and Keys, D. (1988) "Is Child Protective Services Still A Service?" Protecting Children, Vol. 5, No. 2, 17-23.

18. These percentages add up to more than 100% do to the fact that certain cases involve multiple forms of maltreatment. (American Association for Protecting Children, 1988).

19. For a complete discussion of abuse in day care settings see Finkelhor, D. and Williams, L. (1988) Nursery Crimes. Beverly Hills, CA: Sage Publications.

20. These projections are based upon the assumption that the proportion of reported child abuse fatalities is consistent with a state's proportion of the total number of children in this country. The 40 states providing data with respect to the number of child abuse fatalities in 1987 represent 85% of the total child population; the 43 states reporting child abuse fatalities in 1988 represent 85% of the total child population; and the 41 states reporting child abuse fatalities in 1989 represent 86% of the total child population.

21. An exact national number with respect to reported child abuse fatalities is difficult to determine due to definitional and reporting differences across states. In addition, state-level data on this particular statistic has

not been routinely maintained in five states: Alabama, Michigan, New Hampshire, Tennessee, and West Virginia.

22. For example, AAPC (1988) found that the average age for child maltreatment deaths was three years old. op cit.

23. A full discussion of this research is found in L. Mitchel. (1987) Child Abuse and Neglect Fatalities: A Review of the Problem and Strategies for Reform. Chicago, IL.: National Committee for Prevention of Child Abuse.

24. California Office of the Auditor General (1988) Report by the Auditor General of California: California's Records on the Incidence of Child Abuse. Sacramento, CA: Office of the Auditor General.

25. However, the office of the medical examiner in New Mexico is responsible for reviewing all child deaths. In 1990, 4,344 deaths were investigated by this office. One death was referred to CPS for a subsequent investigation.

26. A more detailed analysis of child fatality review teams is currently underway by the American Bar Association's Center on Children and the Law in conjunction with the American Academy of Pediatrics. Their report will be completed in November, 1991.

27. According to an article in the Chicago Tribune, March 17, 1991, the federal government estimates the annual figure at 100,000 while independent medical experts believe that as many as 375,000 drug-exposed infants are born each year.

28. Some states providing this number indicated that they did not start collection of this statistic until midway through 1990. As a result, this figure is not an accurate count of reports in these states.

29. T. Berry Brazelton, M.D. Address to the Annual Conference of the Children's Defense Fund, March 2, 1991, Washington, D.C.

30. Daro, D. (1988) Confronting Child Abuse. New York: The Free Press.

31. Child Welfare League of America (1973) Standards for Child Protective Services. New York: Child Welfare League of America.